



# 2019 ANNUAL REPORT

## FITCH-RONA EMERGENCY MEDICAL SERVICES DISTRICT

Proudly providing a high-level of emergency care to the families and visitors of the City of Fitchburg, City of Verona, and Town of Verona, since 1977.



## A Message from EMS Chief Patrick Anderson



I've started my last two years messages referencing foot races I participated in and comparing them to my role as the Chief of EMS of Fitch-Rona. That analogy continues to be appropriate as I look back on 2019 and where the District is going in the future.

After being first addressed in a 2011 study about station locations, 2019 saw the opening of a third ambulance station for Fitch-Rona. To staff this new station and ambulance, it required the hiring of seven new paramedics. Because the District has such a low employee turn-over rate, we have never had to do a hiring of this scale. Even the implementation of the second ambulance in 2003 was phased which allowed for the hiring of small groups of people. The learning curve was steep for administration and staff, but with some phenomenal support from the Sarah Olson and Mitch Weckerly from the Human Resources departments of Fitchburg and Verona, we narrowed down an applicant pool of sixty-four applications, to hiring seven very qualified paramedics to our full-time staff. Because we had such a talented pool of candidates, we also increased our pool of Limited-Term employees (LTE's) by eleven new members. The LTE pool plays a vital role in the District by covering the hundreds of hours of vacation and sick-time hours utilized by the full-time staff. Many of them have other full-time jobs, yet still, find the time to stay proficient in current practice and skills to keep our ambulance operational.

As part of our fleet replacement program, we also received a new ambulance in 2019. Fitch-Rona Medic 43 made its way into our fleet and increased our total ambulance fleet to five. This new ambulance presented a little more of a challenge than previous vehicle purchases because it was not replacing a vehicle, but a new addition. It required lots of thought into all of the little items that would normally have just been moved into a new vehicle that needed to be purchased and installed. This similar situation occurred with the occupation of the new fire station. The last two station moves were only the movement of already owned materials. Outfitting a new station required extra consideration of the logistics of more equipment, additional supply management, and IT connections spanning across the District. Many thanks go out to the staff, outside companies, and the County and municipal staff that assisted in getting us into a functioning station by the end of 2019.

With one more year of the Verona Road project to go, and all of the other infrastructure improvements throughout the District, collecting reliable response and transport data has been a challenge. We continue to collect data on response times and the neighborhoods that are the larger utilizers of EMS, but as was the plan, by the time all elements were in place, we saw a decrease in our overall response times that wasn't just seconds, but minutes.

As Deputy Chief Dostalek and I ended the year reflecting on some historic achievements, the conversation turned to "now what do we do." As the numbers in the report will reflect, our calls for service continue to rise. The cities we serve continue to grow both in residents and commerce. The annexation of the Town of Madison soon will increase our volume by a double-digit percentage. 2020 will see a new, progressive set of protocols for the service, new airway management tools, and a focus on high-performance CPR to increase survival rates of out-of-hospital cardiac arrests. These exciting projects are laying the groundwork for continued growth and expansion of the service as one of the most experienced and well-trained EMS services in the County.

Patrick Anderson  
EMS Chief

## A Brief History-

In the summer of 1976, the Dane County Traffic Department announced they would no longer be providing ambulance services to municipalities in Dane County. This announcement was in line with the national movement started during the 1960s to create an Emergency Medical Services program that was aimed to increase the survival rates of people involved in traumatic accidents.

With some guidance from Robert Breunnig from Dane County, the municipalities of the Village of Verona, and the Towns of Fitchburg, Verona, Springdale, and Dunn, started conversations about sharing the cost, and resources, of an EMS district. At the time, the Fire Departments of those municipalities were not interested in taking on the task of building an EMS service, so after many months of meetings, the Village of Verona, and the Towns of Fitchburg and Verona ultimately entered into an agreement, and effective September 10<sup>th</sup>, 1977, the Fitch-Rona EMS District was established.

It started with a single ambulance donated by the County's newly formed Department of Emergency Management, and under the first EMS Director, Jack Vaughn, the department had 81 volunteers, who were also volunteers in neighboring communities. The first station was located in the house used for maintenance at the original Dane County Home, which has since evolved into the Badger Prairie Health Care Center in the Town of Verona.

The District functioned as a 100% volunteer agency until the early 1980's when a part-time administrator was hired to help with the day-to-day operations of the District, as well as cover daytime hours. This is also the time when Fitch-Rona advanced to the next level of EMS, known as the EMT-Intermediate. It should be noted that Fitch-Rona was one of the first services in the State of Wisconsin to upgrade to this level. The volunteers continued to give their time to the service until the late 1980's when increasing call volumes, and an ever-growing need to maintain skill levels and continuing education required the hiring of additional full-time staff.

After a few additional station moves, in 1993, Fitch-Rona moved into the new Fitchburg Fire Station #2 at 5415 King James Way in Fitchburg. In 2001, Fitch-Rona became the second paramedic level EMS agency in Dane County outside of the City of Madison, with the Town of Madison upgrading their service just a month prior. A staff of 7 full-time paramedics, an Assistant Chief, Chief, and a Full-Time Office Manager, ran the day-to-day operations of Fitch-Rona. During this time, several volunteer EMTs continued to provide additional staffing on the ambulances.

In 2003, a continued rise in call volume necessitated an additional staffed ambulance during the daytime hours. Two years later, this ambulance would become a 24-hour response vehicle at the paramedic level.

In 2006, in conjunction with plans to build a new fire station in Verona, Fitch-Rona moved the second ambulance into rented quarters at 416 Venture Ct. This move provided reduced response times into the City and Town of Verona. Fitch-Rona occupied those "temporary" quarters until 2015 when the new Verona Fire Station was opened at 101 Lincoln St.

A few short years later, the paramedics moved along with the City of Fitchburg Fire department to new Fitchburg Fire Station #2 at 2931 Marketplace Dr. This move followed the eastern direction of growth in the City of Fitchburg, and reduced overall response times throughout the City of Fitchburg.

2018 saw the next great leap for Fitch-Rona. To address the increasing call volume, and reduce the response time to the east side of the district, the District municipalities approved the addition of a third, full-time, paramedic ambulance. This approval brought seven new paramedics to the full-time staff at Fitch-Rona EMS in July of 2019. The third ambulance was operated out of Fitchburg Fire station #2 for a short duration while the final construction was being completed on the new fire station, and September 16<sup>th</sup>, 2019, Fitch-Rona moved into Fitchburg Fire Station #3 at 2950 South Syene Road.

This additional staffing made Fitch-Rona the busiest and largest EMS service in Dane County outside of the City of Madison.



## Operations

### Stations

Fitch-Rona operates three paramedic level ambulance 24/7. These ambulances operate out of the Verona Fire Station located at 101 Lincoln Street in the City of Verona, the second out of Fitchburg Fire Station #2 at 2931 Marketplace Drive, and the third out of Fitchburg Fire Station #3 at 2950 South Syene Rd. Dispatching of ambulances is based on two factors: Municipal borders and the Global Positioning System (GPS) of the ambulance.



### Resources

The District owns five ambulances (2011, 2013, 2015, 2017, and 2019). They are all built on a Ford F450 4x4 chassis with the patient care compartment built by North Central Ambulance Vehicle on a Braun Chief XL model base. They are identified as Fitch-Rona Medic units 43, 44, 45, 46 and 47.

There are always three ambulances in service to respond to 911-calls within the District, or as requested to assist our neighbors. A fourth ambulance is stocked to operational levels and could be put into service, if needed, at a moment's notice. This occurred once in 2019 when a severe weather incident in Belleville caused a large gas-leak. Medic 45 was requested to the village to assist in the evacuation of residents, while an off-duty crew was called into the station to put this reserve ambulance in service to maintain coverage in our communities. The fifth ambulance has most of the equipment needed to be operational but does not contain all of the medications and equipment required due to cost. The ambulance could be put into full-service within about 30 minutes if needed.

There were four separate occasions during 2018 when all four ambulances were in service. Fitch-Rona was able to provide ambulance service to the Village of Deforest/Windsor during the evening of the gas explosion in Sun Prairie in July 2018. As multiple other Fire and EMS assets were managing the response and evacuation of a large area in the City, Fitch-Rona was able to provide normal 911 response coverage to communities left vulnerable to delayed response times. We were able to assist with the recovery to the tragedy as well by providing EMS coverage to the City of Sun Prairie for days following the incident, as they dealt with the loss of one of their firefighters. Additionally, multiple scheduled special events in the District saw two separate weekends where all five ambulances were put into service.

In addition to four ambulances, Fitch-Rona has a 2010 Ford Expedition 4x4 that is utilized in multiple roles. Though the primary use is administrative, such as driving to meetings, training, moving supplies, etc., the vehicle is also part of the Fitch-Rona response plan. The vehicle is currently located in the Verona Fire Station and is utilized by the Chiefs to respond to calls where there would be an extended response time for EMS, such as EMS calls in Verona when the ambulance is responding from Fitchburg or a neighboring community. The vehicle also responds to high acuity calls, where an extra paramedic may be needed, or in the case of a large-scale incident, where the use of a Medical Group Leader to manage the



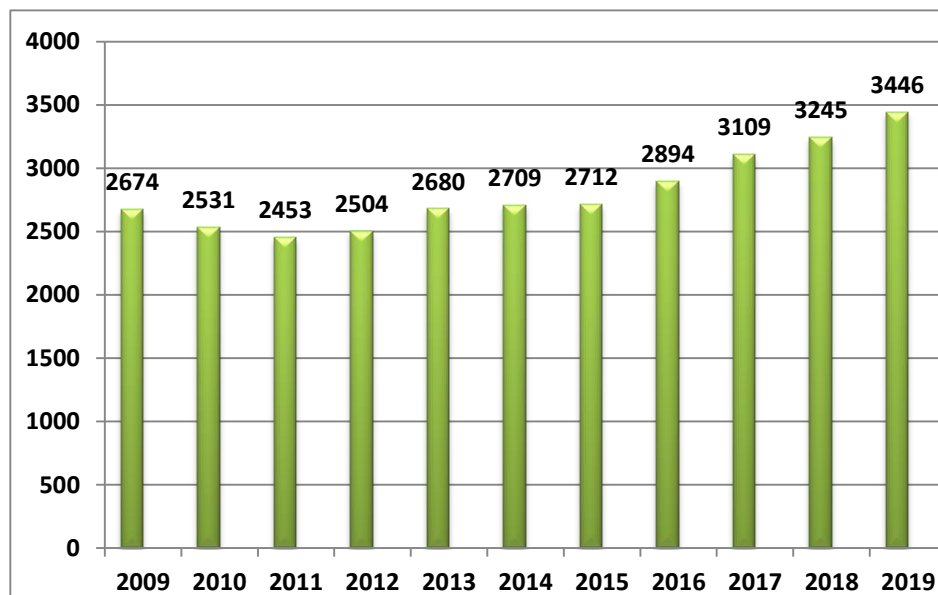
medical aspect of a larger scene would be beneficial. This occurred early in 2018 when fog rolled over STH 18/151 causing a multiple vehicle accident with a resulting fatality.



Lastly, EPIC systems provided a grant to Fitch-Rona to establish a bike medic program in 2015. The bikes are used at various special events, but primarily at the annual EPIC user's group meeting in the fall. The bike teams can move throughout the interior of the large EPIC campus and respond to medical issues quicker than an ambulance from the exterior.

## Annual Call Volume

The very nature of emergencies means that estimating the number of calls for service is unpredictable. In 2019, Fitch-Rona was alerted to 3446 calls for service. This is a 6.1% increase over 2018 and on par with our 43-year average of a 5.6% increase annually.

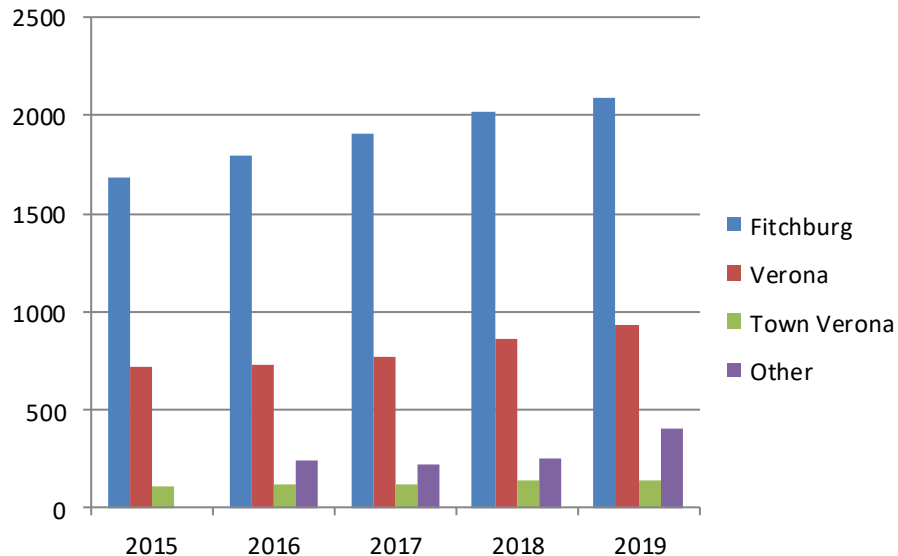


## Distribution of Calls

The distribution of calls by the municipality has been steady over the years.

2019 had an average distribution of Fitchburg 61%; Verona 27%; Town of Verona 4%; other 8%.

## Calls in our District by Municipality



## Calls Outside of Our District

As an Advanced Life Support (ALS) service, Fitch-Rona is offering patients the highest level of pre-hospital care available. Smaller communities often do not have the call volume to support paramedic level care and must ask for assistance when ALS service is indicated. This response is called an Intercept. We also respond as Automatic Aid (automatically sent to support services on high acuity calls based on questions asked by the 911-center) to nearby areas that take us out of the district. Finally, Fitch-Rona participates in a borderless ALS system with a group of other ALS providers in Dane County. This means that in a high acuity call, the closest Advanced Life Support ambulance will be sent, regardless of the community the resident lives in.

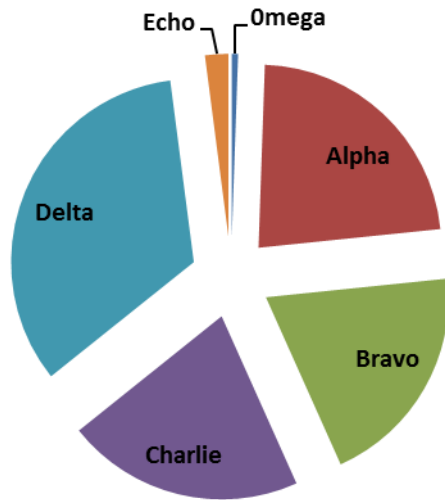
Out of district call volume represents 8-10% of total calls each month

The large spike in 2019 is due to the geographic location of the third EMS station in Fitchburg. Medic 43 is now the closer ALS unit to much of the Oregon, McFarland, Rutland, Dunn and Stoughton area than previous Fitch-Rona units.

	2016	2017	2018	2019
<b>Belleville</b>	<b>53</b>	<b>33</b>	<b>48</b>	<b>60</b>
<b>Madison</b>	<b>67</b>	<b>27</b>	<b>42</b>	<b>35</b>
<b>Mount Horeb</b>	<b>87</b>	<b>80</b>	<b>79</b>	<b>107</b>
<b>Town of Madison</b>	<b>3</b>	<b>4</b>	<b>9</b>	<b>11</b>
<b>Other</b>	<b>7</b>	<b>8</b>	<b>77</b>	<b>193</b>

## Dispatch Code

Fitch-Rona EMS is dispatched by the Dane County Emergency Communications Center. The dispatchers use a research-supported process called Emergency Medical Priority Dispatch (EMD) to determine the acuity of each call to send the appropriate level response. An Omega level call is the least severe with Alpha (A) through Echo (E) level increasing in severity. Most calls that are dispatched as Charlie, Delta and Echo are automatically deemed Advanced Life Support.



## Top Ten Primary Patient Complaints Based on Paramedic Impression

Impression	Total number of calls	Percentage of total calls
No illness or injury found	298	8.65%
Chest Pain, Presumed Cardiac (Cardiovascular)	127	3.69%
Seizure (Neuro)	94	2.73%
Altered Mental Status (Neuro)	84	2.44%
Pain, Other (Pain)	83	2.41%
Respiratory Distress (Respiratory)	70	2.03%
Weakness (Neuro)	70	2.03%
Abdominal Pain (GI/GU)	68	1.97%
Back Pain, Non-traumatic (Pain)	67	1.94%
Head Injury (Injury)	64	1.86%

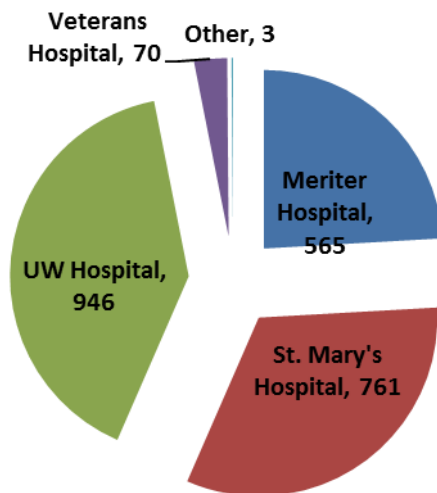


## Call Disposition Breakdown

	# of Incidents
Treated, Transported by EMS Unit	2,338
Treated, Released	362
Canceled (Prior to Arrival At Scene)	180
Canceled on Scene	157
Refused Evaluation/Care (Without Transport)	119
Standby Only	110
Treated, Released (AMA)	92
Treated, Transported by Law Enforcement	18
Dead at Scene - No Resuscitation Attempted	19
Dead at Scene - Resuscitation Attempted (Without Transport)	25
Treated, Transferred Care to Another EMS Unit	8
Not indicated	4

## Receiving Hospitals

The selection of hospital destination is determined by several factors including acuity, type of call, patient choice (insurance-based) and specific emergency room situation.



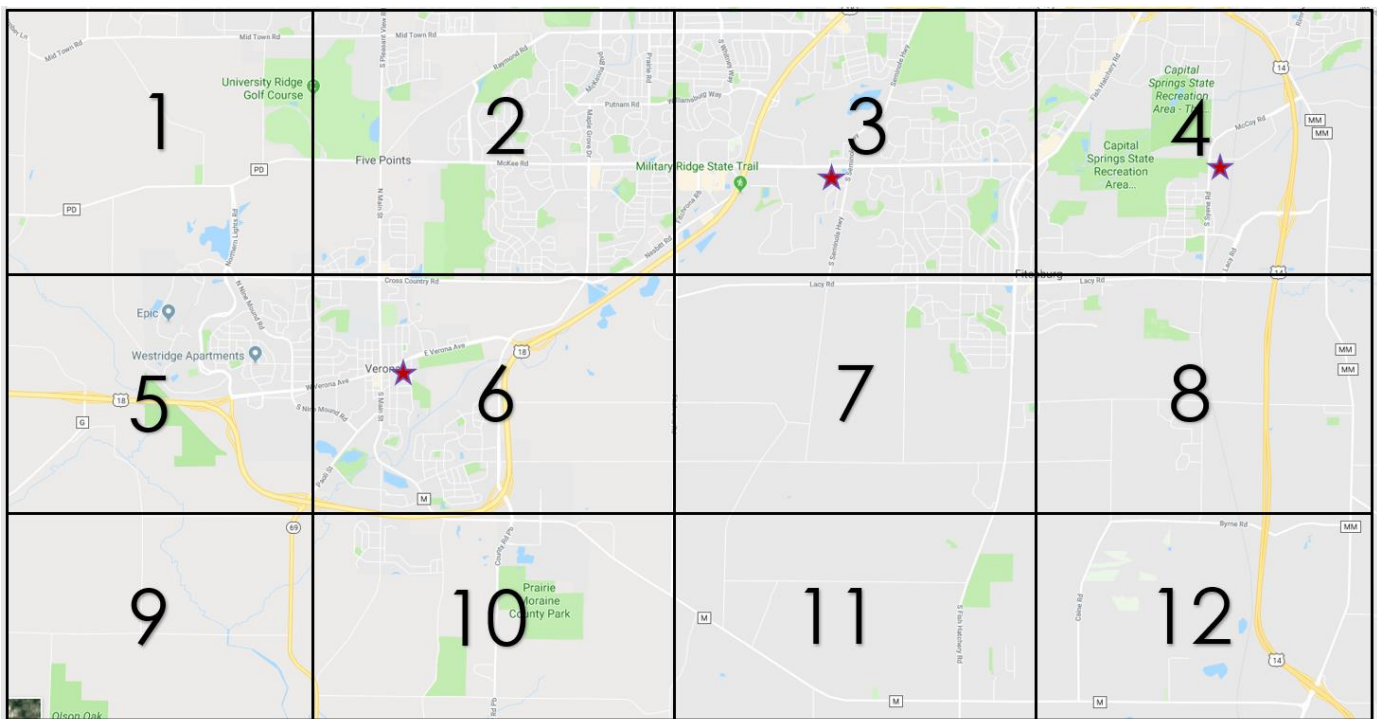
## Response Time

The time elapsed from dispatch to arrival on a scene is referred to as response time.

Actual response time is a result of many factors such as call type, station location, traffic, road construction, and weather conditions. 2019 saw some inconsistent response time information. This is most likely due to the extensive delays during the Verona Road construction and the decrease in response time due to the addition of the third ambulance.

The charts below represent the 12 zones of the Fitch-Rona District. The percentage of calls in that zone is listed as is the average response time for all emergent and non-emergent calls. A non-emergent response (without the use of lights and siren) is proven to be much safer than the higher speed emergent response and is warranted for less serious calls.

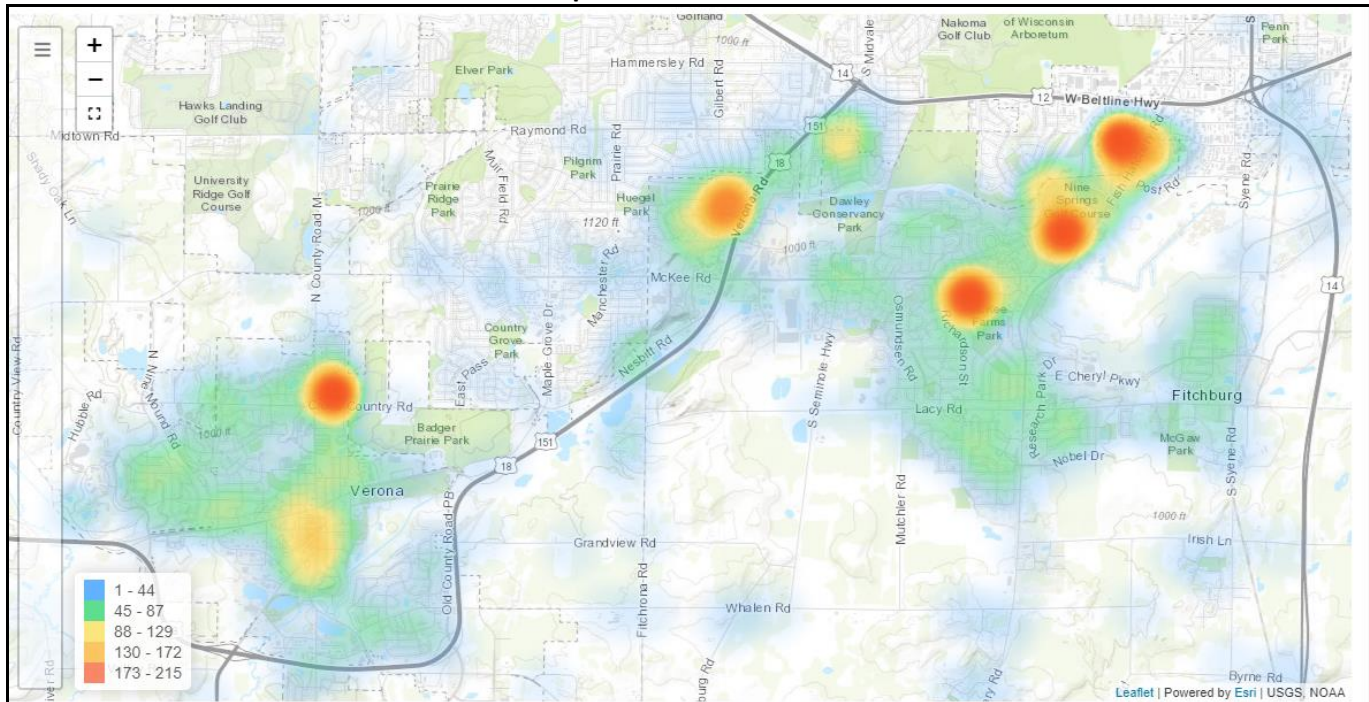
Station location is a primary factor in determining response time. This is expressed in the average response times noted below. Our current stations are located in zones 3, 4 and 6. Times listed represent time en-route to time on-scene.



## Call Percentage and En route to On-Scene Response Times by Zone

<b>Zone 1- Medic 45</b>  <b>1.23%</b> <b>Fitchburg 7:10 min</b> <b>Verona 5:28 min</b>	<b>Zone 2 -Medic 44</b>  <b>5.20%</b> <b>Fitchburg 6:33 min</b> <b>Verona 4:08 min</b>	<b>Zone 3 - Medic 44</b>  <b>35.49%</b> <b>Fitchburg 4:31 min</b> <b>Verona 7:29 min</b>	<b>Zone 4 - Medic 43/44</b>  <b>23.39%</b> <b>Fitchburg 4:58 min</b> <b>Verona 8:09 min</b>
<b>Zone 5 - Medic 45</b>  <b>4.54 %</b> <b>Fitchburg 9:19 min</b> <b>Verona 3:49 min</b>	<b>Zone 6 - Medic 45</b>  <b>22.89%</b> <b>Fitchburg 9:17 min</b> <b>Verona 3:56 min</b>	<b>Zone 7 - Medic 44</b>  <b>1.11%</b> <b>Fitchburg 6:17 min</b> <b>Verona 7:56 min</b>	<b>Zone 8 – Medic 43/44</b>  <b>2.49%</b> <b>Fitchburg 6:19 min</b> <b>Verona 10:55 min</b>
<b>Zone 9 - Medic 45</b>  <b>0.22%</b> <b>Fitchburg 5:39 min</b> <b>Verona 6:12 min</b>	<b>Zone 10 - Medic 45</b>  <b>0.47%</b> <b>Fitchburg 15.33 min</b> <b>Verona 5:26 min</b>	<b>Zone 11 - Medic 45</b>  <b>0.32%</b> <b>Fitchburg 7:44 min</b> <b>Verona 7:37 min</b>	<b>Zone 12 - Medic 43/45</b>  <b>2.62%</b> <b>Fitchburg 10:36 min</b> <b>Verona 12:30 min</b>

## Heat Map for Calls for Service in 2019



## Call Time Median

Total call time medians are dictated by many factors. Many of those are outside of our immediate control such as station location, traffic, weather, vehicle extrication and level of call dispatched. Scene time is considered one of the most important factors in patient care. Our median scene time of 14 minutes 45 seconds is under our benchmark goal of 15 minutes. Of special note is the median time it takes us to get back into service for another call which is less than an hour. We pay particular attention to the total "in service" time for each of our ambulances. This is one of the methods we use to determine capacity issues in EMS.

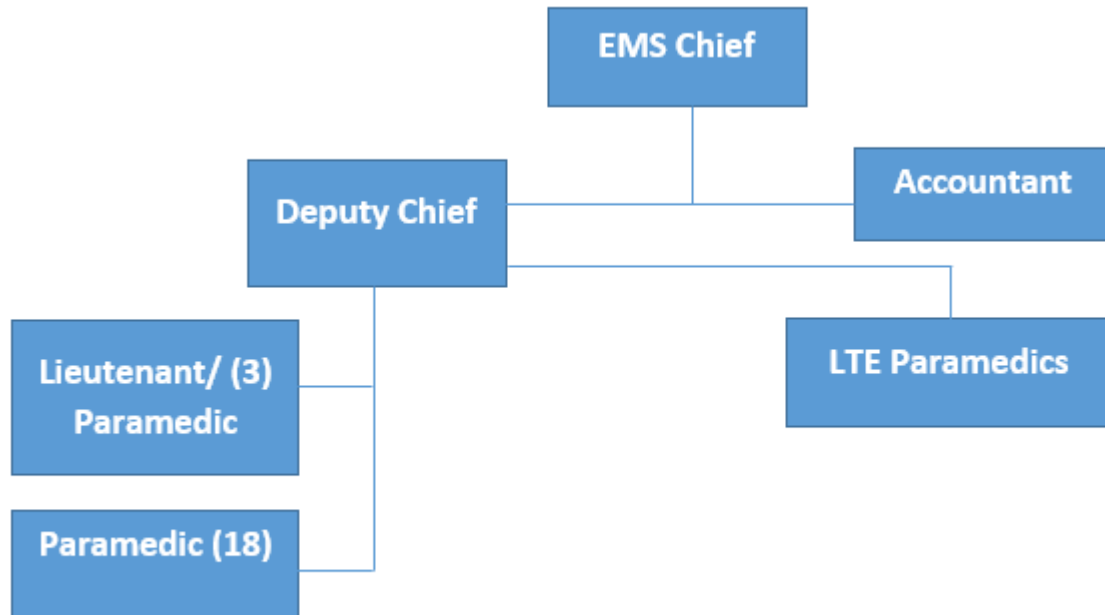
Median Run Times	
En route	00:01:27
To Scene	00:04:48
At Scene	00:14:45
To Destination	00:15:48
Back in Service	00:12:37
Total	00:48:03

## Transport Mode from the Scene

Included with our response time analysis is a discussion of transport mode from the scene to the hospital. If our crew determines that a patient can be transported non-emergently – proven to be the safest mode of transportation - they opt to do so. As noted in the chart, we transport non-emergent 85.97% of the time. In 2019, we transported patients to area hospitals on 68.25% of our calls.

Transport Code	#	%
Initial Lights and Sirens, Downgraded to No Lights or Sirens	3	0.13%
Initial No Lights or Sirens, Upgraded to Lights and Sirens	29	1.23%
Lights and Sirens	296	12.59%
No Lights or Sirens	2022	85.97%
Unknown	2	0.09%
Total	2352	100%

## ADMINISTRATION



### EMS Commission

Our EMS Commission is made up of members of our District municipal Councils and Board, as well as citizen representatives.

There are 3-representatives from each community we serve. As of December 2019, these representatives are:

City of Fitchburg: Jenell Rice (Council Member), Connie Hilla, and James Roberts

City of Verona: Kate Cronin (Council Member), Derek Johnson, and Gregg Miller

Town of Verona: Mike Duerst (Town Board Member), Terry Schnapp, and Sue Luginbuhl

The duties of the Commission include approving policies, fee schedules, and expenditures for the operational management of the EMS District. They are responsible for hiring the Chief of EMS and ensuring that he, or she, conduct day-to-day operations in the best interest of the municipalities.

### Chief and Deputy Chief

The EMS Chief and Deputy Chief are the two full-time administrators of the District. They are licensed paramedics and must maintain their medical skills, in addition to education, training, and practice, in advanced operational management. Their positions are primarily weekday hours, however, to manage overall operational capability twenty-four hours a day, each Chief is tasked with the on-call position of Officer-in-Charge (OIC) on a rotating basis. It is an on-call position and no additional compensation is paid for this role.

### Paramedic-Lieutenants

In 2017, Fitch-Rona created the position of a paramedic Lieutenant. These staff members still work a regular rotation on the ambulance but are assigned additional duties. They are assigned as the point person for each station during their rotation and assist the administrative staff in ordering medical supplies, basic vehicle maintenance, and overall staff communication. In addition to station-specific duties, they also assist in the Quality Assurance process, intern coordination, billing review, new hire orientation, and training.

## Paramedics

In order to staff three ambulances 24/7, a staff of 21 full-time paramedics is required. The average number of years of service for our current staff is just over ten years. These dedicated staff are supported by a pool of 15-18 Limited Term Employees (LTE) who cover the shifts that are opened due to vacation and paid time off requests.

Fitch-Rona paramedics work a 24-hour shift, followed by 48 hours off duty. This schedule results in a dedicated Kelly shift crew that works every Sunday and Wednesday.

## Medical Direction and Education

Fitch-Rona contracts with the University of Wisconsin Hospital ALS Consortium that provides medical direction and continuing education to participating Dane County ALS departments (City of Madison Fire Department, City of Middleton EMS, and the City of Sun Prairie EMS). Dr. Mike Mancera is assigned to Fitch-Rona for specific operational issues, but the benefit the consortium gives Fitch-Rona is access to a myriad of other emergency physicians as challenging cases arise.

The UW Emergency Education Center (UWEEC) provides much of the continuing education for our paramedics. These sessions cover the required emergency care topic areas required by the State of Wisconsin Department of Health and are presented by Emergency Physicians, Fellows, and Residents. The Consortium utilizes web conferencing so monthly trainings are viewable regardless of where the speaker is presenting. This training is uploaded into a Learning Management System (9<sup>th</sup> Brain) allowing the Medics to view the training while on duty, reducing training costs of off-duty training.

In addition, Dr. Mancera works with our QA workgroup to tailor service-specific training and run reviews on the third Tuesday of each month. This review/training is also streamed to allow for each station to participate, and staff that may have challenges to physically attending the training to benefit from the education.

## Firefighter /Paramedic Intern

Fitch-Rona EMS runs a Paramedic Intern Program in conjunction with the Fitchburg and Verona Fire Departments. We work together to sponsor interns that are committed to making Fire/EMS a career. We have jointly developed a program that supports interns in their third year of training. The process is competitive and interns accepted into the program are assigned to a paramedic mentor. The intern is assigned to work the same shift hours that the paramedics keep (24 hours on/48 hours off) for the few months preceding, and while attending paramedic school. The success of the program is evident as many of our recent interns have accepted full-time paramedic jobs in departments throughout the United States.

## Community Outreach Programs

The staff at Fitch-Rona actively teaches Community CPR programs at the City of Fitchburg Library, City of Verona Library, Verona Town Hall, and various other locations. Counting these courses, as well as numerous contract CPR courses with businesses and organizations, there are over 80 new citizen life-savers in the public now trained in compression only-CPR. Our paramedics started teaching Stop-the-Bleed programs in these venues in 2019, as well as a partnership with the Verona School District. Stop-the-Bleed teaches bystanders the basic skills of bleeding control in environments where EMS may be delayed due to location, or scenes of active violence.

## FINANCES

### Funding Sources

EMS services are unique in the public service sector with our ability to offset a portion of our operational funding requirements by billing for services provided. We anticipated for 2019 that EMS income would cover 58% of our operating expenses. The remaining operational budget needs are divided between the municipalities based on Equalized Valuation. These numbers demonstrate the extreme financial value of the district model in cost and resource sharing.

Funding Source	Estimated Annual Cost	Percentage
Fitch-Rona Run Income	\$1,665,911	58%
Fitchburg	\$5575,735	21%
City of Verona	\$517,278	19%
Town of Verona	\$58,054,	2%
Other Income	\$14,610	<1%
Total Budget	\$2,798,987	100%

### Capital Improvement Projects

As part of the fleet management of Fitch-Rona, the 2019 CIP included the purchase of a new ambulance. As explained later in the report, we purchase an ambulance every two-years in the District. This new ambulance replaces an ambulance, and much of the equipment in it, that is ten years old.

### Service Fees

The fee structure used for EMS service is divided into three parts: Base Rate, Supply Charge, and Mileage Fee. In 2019, our Base Rates were increased to \$1,100 and \$1,250 (for Residents and Non-Residents respectively). Supply charges are specific to each call.

	2017	2018	2019
ALS Resident Base Rate	\$950	\$950	\$1100
ALS Non-Resident Base Rate	\$1,100	\$1,100	\$1,250
No-Transport	\$100-\$400*	\$150-\$400*	\$150-\$400*
Mileage	\$20/mile	\$22/mile	\$22/mile
Stand-By	\$100/hr + \$50 Admin fee	\$100/hr + \$50 Admin fee	\$100/hr + \$50 Admin fee

\* Fitch-Rona uses a tiered billing scheme for no-transports.

## Resident/Non-Resident Transports

Fitch-Rona tracks and bills residents differently than non-residents using our service. Below is a breakdown of this demographic:

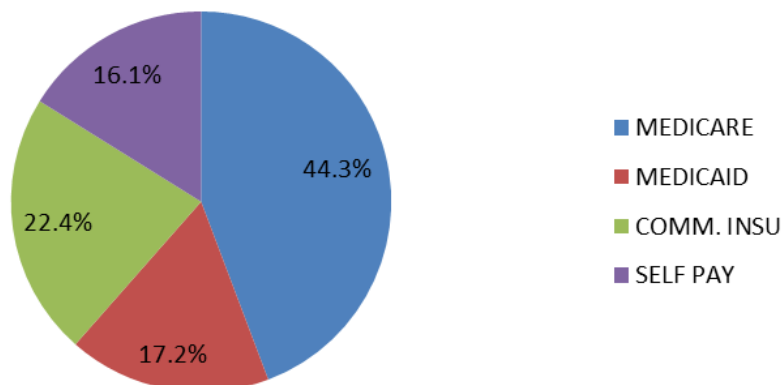
	% of CALLS
<b>RESIDENT</b>	79%
<b>NON-RESIDENT</b>	21%

## Income Categories

The majority of our Service Fees are covered by various insurance companies and governmental programs. 61.5% of our patient transports involve Medicare or Medicaid reimbursement resulting in significant write-offs. Here is a breakdown for 2019.

PAYOR	# CALLS	% of total	CHARGES	% of total
<b>MEDICARE</b>	1209	44.3%	\$ 1,727,929.00	51.1%
<b>MEDICAID</b>	471	17.2%	\$ 558,168.00	16.5%
<b>COMM. INSU</b>	611	22.4%	\$ 798,489.00	23.6%
<b>SELF PAY</b>	441	16.1%	\$ 299,202.92	8.8%
Total		2732	\$ 3,383,788.92	

### # CALLS





**Service Fee vs. Actual Payment**

Service fees charged do not accurately represent potential income. Both Medicaid and Medicare limit payments to a fraction of the fee charged and do not cover our actual cost of service. Additionally, some of our calls result in a no-charge such as canceled calls, false alarms, and calls where no assessment is necessary.

**2019 Medicaid Reimbursement Rates****2019 Medicaid Reimbursement Rates**

Service	We Charge	They Pay	Write-off per call
<b>BLS (Resident)</b>	\$1,100.00	\$151.84	\$948.16
<b>ALS1 (Resident)</b>	\$1,100.00	\$180.31	\$919.69
<b>ALS2 (Resident)</b>	\$1,100.00	\$260.97	\$839.03
<b>Mileage</b>	\$22.00	\$5.56	\$16.44
<b>Supplies</b>	\$50.00	\$14.73	\$35.27
<b>O2</b>	\$80.00	\$14.73	\$65.27
<b>IV</b>	\$75.00	\$25.25	\$49.75

**2019 Medicare Reimbursement Rates****2019 Medicare Reimbursement Rates**

Service	We Charge	They Allow*	Write-off per call
<b>BLS (Resident)</b>	\$1,100.00	\$363.92	\$736.08
<b>ALS1 (Resident)</b>	\$1,100.00	\$432.15	\$667.85
<b>ALS2 (Resident)</b>	\$1,100.00	\$625.49	\$474.51
<b>Mileage</b>	\$22.00	\$7.55	\$14.45

\*Medicare withholds 2% of their payment due to sequestration

**Annual Charges vs. Receivables**

This chart represents charges sent out vs. revenue received. As noted earlier, there are significant adjustments that are made due to Medicare and Medicaid. Additionally, we receive requests for payment forgiveness due to financial hardship. These invoices are reviewed and reduced, or written off, per a standing policy. When dealing with insurance companies, there is a delay in payment due to submittal time and review processes which is reflected in our monthly aging reports.

**FITCH-RONA 2019**

2019 BILLED	2019 REVENUE	Collection Rate
\$3,383,362.12	\$1,469,151.81	43%

**Accounting Policies**

The District undergoes an external audit on an annual basis. The Certified Public Accounting firm of Johnson Block will again be retained to complete an informal audit of the 2019 records. Each member of the Fitch-Rona EMS Commission and each municipality will be presented with a copy of the independent accountant's review report once it is completed in early 2020.

**Accounts Receivable**

The patient care accounts receivable function within the District is outsourced to 3 Rivers Billing, Inc. The billing process involved with the various government programs which are responsible for a large number of the District's invoices require capabilities of the third-party billing service to attain maximum efficiency. Receivables are in-line with EMS standards and are reviewed monthly by the EMS Commission. From January 2019 through December 2019 Fitch-Rona EMS received \$0.43 for every dollar billed. This is due to the necessary write-offs that occur with government insurance coverage. This is down from \$0.44 in 2018.

**Cash Flow**

The District has a positive working relationship with Oak Bank in Fitchburg to use a combination of bank accounts to manage available cash to maximize potential interest earnings. An internal cash flow report is completed and reviewed by the Commission monthly to provide oversight and assist in the management of this process.

**Designated Funds**

We have reserved funds set aside for future financial obligations. Except for the Post-Retirement Health Insurance Fund, all interest accrued from these accounts becomes part of the general Operating budget. In 2019, Fitch-Rona joined the Wisconsin Investment Series Cooperative (WISC). The funds for the Post-Retirement Healthcare and Labor Contract negotiations were moved into an investment account to allow for greater FDIC protection of funds, and a larger return on the investment of funds that are infrequently utilized.

Designated Fund	12/30/2019 Balance
Post-Retirement Health Insurance	\$ 231,860.53
Labor Contract Legal Fees	\$ 24,000
Ambulance Replacement	\$ 9,097.46
Bike Responder (Grant)	\$ 1,082.39
Funding Assistance Program (State Assistance)	\$ 7,554.09

## **Healthcare Retirement Account (HRA)**

As part of the Collective Bargaining Agreement, employees are eligible for a payout of unused sick time funds into a Health Retirement Account upon retirement, to a maximum of 1296 hours. We annually perform an analysis of funding needs to estimate the amount needed to ensure sufficient dollars are set aside to provide health insurance to our current and future retirees

## **Legal Fees for Labor Contract**

This fund is set up to manage attorney costs incurred during the negotiation process. This fund is used to cover the legal fees directly related to negotiations of our Labor Contract. 2018 saw the negotiation of a new Collective Bargaining Agreement through 2021. Due to the amicable nature of the negotiations, legal fees were lower than anticipated and we will be able to reduce the money set aside to fund this account in future budgets.

## **Ambulance Replacement**

As explained earlier, Fitch-Rona has a fleet of five ambulances. Three of those ambulances are used as primary response vehicles. The other two are utilized for additional staffing during special events and to rotate into service during scheduled maintenance and unexpected repairs. We purchase an ambulance every two years. On this rotation, an ambulance spends six years as a front-line ambulance and four years as a reserve ambulance. At the end of ten years, the ambulance is sold, and the funds are placed in a designated fund to offset the purchase price of the next ambulance.

2021 will see the purchase of the next ambulance.

## **Un-Assigned Contingency Funds**

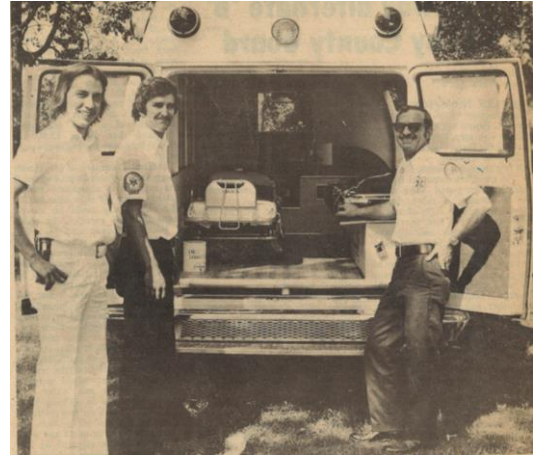
Our goal is to have a Contingency Fund balance of 20% of our total operating budget by year's end. The purpose of the fund is to ensure short-term financial stability for the department in the unlikely event of an interruption or downturn in our revenue stream. In years where revenue exceeds expenses, we add to the contingency funds. Our goal is to contribute to this account balance during years with increased run volumes rather than budget for these funds. Our fund balance at the beginning of 2018 was \$450,045. A policy was enacted in 2016 that specifies a limit to Fitch-Rona's Contingency Fund balance. Once fully funded, Fitch-Rona EMS will transfer any excess funds to an assigned fund account (such as the Post-Retirement Health Insurance Account).

## VISION

Fitch-Rona presented its first formal 5-year plan in 2001. Since then the plan has been reviewed and presented at the Annual District meeting of the City Councils and Town Board in October. The plan takes a look at reachable near-term issues, as well as far-reaching long-term needs of the district.

### Near Term

With the fruition of a third full-time ambulance on duty in the North-East of the District, 2020 and 2021 will be an important year of data gathering. It is anticipated that response times throughout the District will decrease as more resources are now locally available and have a greater geographic distribution. Though the third ambulance crew was responding to calls the last third of 2019, the Verona Road construction project had a significant impact on reported data.



Rapidly approaching is the acquisition of the Southdale neighborhood from the Town of Madison into the City of Fitchburg. Current data for EMS use in that neighborhood is about 400 calls annually. Along with our current rate of increasing calls, Fitch-Rona will see 4,500 calls by 2024, a mere four years from now. This rise in volume suggests an additional ambulance and staff to maintain adequate response times and available resources. The current expansion plan would be to add a “peak-time” ambulance to cover those times where our resources are in the highest demand and not necessarily staff and additional 24-hour ambulance. Those numbers remain to be seen.

Additional near-term goals include increasing our public outreach. The American Heart Association reports that 40% of cardiac arrests occur in public settings. Survival rates from those cardiac arrests increase to nearly 45% when bystander CPR is administered. Proposals for providing more training for simple compression-only CPR have already been worked through with impassioned providers. In addition, we have been working with the Verona School District and the libraries in our District to train bystanders in Stop-the-Bleed programs. These simple skills can assist in saving the lives of people who are victims of active violence events where EMS resources are unable to be accessed due to unsafe scenes.

### Long Term



A review of forty-two years of ambulance runs has shown an average annual increase in calls for service of 5.5%. 2019 was in line with that anticipated growth.

Based on the predictions made above with the acquisition of the Town of Madison, and an additional ambulance in 2024, continued growth projections estimate 5,500 calls for service in 2029. As the service progresses to four, and five, full-time ambulances over the next ten years, this will result in an on-duty crew of 10 people and a full-time staff of 35 paramedics. To cover the benefitted vacation and paid-time-off requests, there will also be an increasing pool of limited-term employees. To assist in the management of personnel, an additional layer of command staff will be required.

As previously mentioned, the District is administered by a full-time Chief and Deputy Chief. Three Lieutenants assist in the logistics of each station but continue to work the 24-hour shift. This limits some of the support they can provide. Hiring an additional Deputy Chief, creating another layer of command staff, such as a Captain, or a hybrid-schedule of administrative and crew level duties, is needed provide a stable platform to support the current Chief in managing a high-quality, well-staffed, well-trained, and well-supported EMS system, to the residents and visitors to our District.

Finally, increasing the size of the service also comes with a cost. Though the weight of the budget will always come from user fees and municipal support, options for expanded service to neighboring municipalities, and providing inter-facility transportation are potential revenue options that will continue to be investigated.